

STATE OF ALABAMA

CONVERSION OF A DOMESTIC ENTITY LLP to LP

PURPOSE: In order to change the entity type of a domestic entity (any entity formed in Alabama), the entity must deliver the documentation in this form pursuant to Section 10A, Chapter 1, Article 8, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed copies of the completed Conversion package, the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**, and a check or money order made out to the Judge of Probate in the county where the entity's formation documents were recorded (contact the Office of the Judge of Probate for the fees). The Secretary of State will file the conversion and transmit a certified copy to the Judge of Probate in accordance with 10A-1-4.02(c). The Conversion will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored. **If you desire a stamped copy returned to you, supply a third copy and a pre-addressed postage paid return envelope.**



(For SOS Office Use Only)

**This form must be typed.
Emailed transmissions will not be acknowledged, processed, or returned.**

1. Information on the converting entity (entity will cease to exist at conversion/termination by conversion):

Alabama Entity ID number of converting entity: _____ - _____ (Format 000-000) **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov Click Business Services (below picture), click Business Entity Search, search by entity name. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

The name of the converting entity as recorded with the Secretary of State of Alabama:

County Probate Office in Alabama where the formation documents/articles of this domestic entity were recorded and where the conversion document will be forwarded for recording: _____

This Document was prepared by:

(For County Probate Court Office Use Only)

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2. **Information on the converted (formed/created by this conversion) – this entity will continue to exist using the same Alabama Entity ID Number as the previous converting entity:**

The name of the new domestic entity resulting from this conversion (A domestic name reservation certificate issued by the Alabama Secretary of State must be attached if the name is changing anything more than the entity identifier information – such as LLP to LP, etc. – if only the identifier information is changing, no name reservation is required) – Name must comply with 10A-9A-1.08:

3. The new converted entity will be a domestic limited partnership.

4. Street (**No PO Boxes**) Address of principal office: _____

Mailing Address (if different) _____

5. Name of registered agent for service of process in Alabama:

6. Street (**No PO Boxes**) Address of initial registered office if different from principal office (**MUST be physically located in Alabama if the principal office is located outside of Alabama**):

Mailing Address in Alabama (if different) _____

7. If the converted entity is one in which one or more owners lack limited liability protection, a statement that each owner of the converting entity who is to become a owner without limited liability protection of the resulting entity has consented in writing to the conversion as required by 10A-1-8.01 is attached.

8. The undersigned certify that the conversion was approved pursuant to *Code of Alabama 1975*, Title 10A, Chapter 1, Article 8 (specifically 10A-1-8.01) and that the information included in or attached to this conversion form are true and correct.

9. This Partnership is not a Limited Liability Limited Partnership and will not be registered as such. The undersigned understand and agree that in order to file a Limited Liability Limited Partnership a different form with additional information would be required (for example: see Certificate of Limited Partnership for LLLP).

10. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use this document to provide this information and duplicate the blanks below as necessary to include all general partners. This information is required pursuant to Section 10-9C-201(3) and the signatures are required pursuant to Section 10A-9A-2.04(a)(1).

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The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

Mailing address (if different): _____

Signature of/for General Partner

Typed Name of Individual Signing for Entity

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

Mailing address (if different): _____

Signature of/for General Partner

Typed Name of Individual Signing for Entity

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed.

Entity Name: _____

AL Entity ID Number of converting entity: _____ - _____ (ex: 000-000)

Service Requested: ___X___ \$100.00 Conversion filing fee

 _____ \$100.00 Expedite fee

Hold at Front Desk for Pick-up by: _____

(Service providers who run couriers for pick-up)

There is no notification service and there will not be a call for pick-up.

Return via email (only one email): _____

No paper copy will be sent if email is provided.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder